Issues in human sexuality in relation to persons with disabilities

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ISSUES IN HUMAN SEXUALITY
IN RELATION TO
PERSONS WITH DISABILITIES

by
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Abstract

This paper began as a search for answers to the questions:

1. What is the meaning of human sexuality in society today?
2. To what extent are persons with disabilities considered to be sexual in today's society?
3. What is there in the literature that shows concern for special needs and/or special attributes of persons with disabilities in relation to human sexuality?
4. What education programs in human sexuality are needed and/or available
   a. for persons with disabilities
   b. for the community in general in relation to persons with disabilities?
5. What important issues are raised today in relation to persons with disabilities and sexuality?
6. What role do we as "Church" have in relation to persons with disabilities and sexuality?

The result of this search has been the compilation of a reasonably extensive bibliography; and the content of this paper briefly considers some of the answers to the above questions as portrayed by the writers included in the bibliography, together with a concluding reflection.
on the role of the church concerning persons with disabilities and human sexuality, and some recommendations relating to further research, study and pastoral work.
# Human sexuality

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Chapter 1
Purpose and Scope of the Study

1.1 Importance of Sexuality in the Human Context

The history of every culture points to the importance of sexuality in the human context. In the Judaic tradition, the writer of the first chapters of Genesis depicts God making man, and then, in the on-going act of creation, purposefully making for him a suitable companion. By God's decree, man and woman are to be together; to have children; and they -- together with their descendants--are to gain dominion over the earth and all that it contains. The intrinsically sexual nature of being human is evidenced in Genesis 1:27:

So God created man in his own image, in the image of God he created him; male and female he created them.

(R.S.V. Edition)

In the development of the customs, religions, art, moralities, and laws of every culture, attitudes and behaviours associated with sexuality are central. (See Sadock, Kaplan & Freedman, 1976; Johnson & Belzer, 1973; Wolman & Money, 1980; and Hauberle, 1982.)

1.2 Differentiation Between "Sex" and "Human Sexuality"

In the literature of recent decades, a distinction
has been made between "sex" and "human sexuality". "Sex" is usually defined in terms of gender identity, physiological characteristics, and genital sexual activities; whereas "sexuality" has a broader connotation of development of maleness or femaleness within one's own personality and in relationships with others throughout human life. (Nelson, 1978)

1.3 Importance of Including Persons with Disability in The Context of Society

When a group of persons labelled "mentally retarded" met in 1975 at a convention organized by themselves, in the state of Oregon, U.S.A., they chose the name "People First" for their organization. In making this decision, they were also making a statement to society, viz.: "We ask you to treat us as PEOPLE FIRST, then consider our handicaps; deal with our talents and positive features instead of just our disabilities." (Heath, Schaaf & Talkington, 1978, p.4) Society tends to label, stereotype and de-personalize persons with disabilities. In a Christian context--or even within a truly human context--we need to counter that tendency, and be sure that we are aware of the person first, and only after that of particular characteristics of the person which will always, for all of us, include some disabilities.
1.4 Need to Review Some Societal Attitudes Towards Persons with Disabilities in Relation to Sexuality

There has long been abroad the attitude that persons who are mentally retarded are "holy innocents" or "eternal children", and therefore that they are virtually asexual. Those who are associated with persons with physical disabilities are aware that they, too, are often seen as "less than whole", and incapable of sexual feelings and activities. Disabled people themselves, and parents of disabled people, have a different story! (See Rousso, 1981, 1982; Barnes, 1982)

At other times, there seems to be a fear of mentally retarded persons being "over-sexed" (Fitz-Gerald & Fitz-Gerald, 1979b).

In reality, since being human intrinsically and basically involves being sexual, all persons are sexual, no matter what other characteristics they may have—including whether or not they happen to be characterized by something that may be labelled "disability".

1.5 Importance of Understanding Any Special Needs and/or Special Attributes of Persons with Disabilities in Relation to Human Sexuality

So, persons generally known as mentally retarded, persons with physical disabilities, those who are blind or deaf, or who have multiple disabilities, are all
sexual human beings. They are all male or female. They may have difficulties with intellectualizing, or learning; with mobility or with mode of perception; or they may have a combination of difficulties; but each person is just that—a person, with the potential to recognize his/her own personality, to recognize gradually the person of others, and to develop relationships among themselves and with others in a myriad of different ways. The extent to which this potential will be realized depends on factors within each person and also in the person's environment.

To assist in optimum personal and relational development of persons with disabilities, special ways must be found to assist the person to overcome whatever the impairment may be—whether in communication, mobility, perception or learning—in order to be in touch with and to interact with the environment. The ways in which this can be done in relation to different disabilities will be presented in detail in Chapter 2 of this paper.

When trouble is taken to find appropriate means of overcoming or compensating for disability, the effort to do so, and the way in which the person with a disability responds, can often benefit society as a whole by demonstrating the extent of resourcefulness and
creativity that is accessible to humans, and which can be applied to situations in general, rather than just to those associated with persons with disabilities.

Summary

Though there has been a tendency in the past to "pass by" persons with disabilities when considering development in human sexuality, if we view "sexuality" in its broader connotation we see it as being a basic constituent of each person. We are then confronted with the need to provide an environment in which all persons may develop to their fullest potential as male or female, including persons with disabilities.
Chapter 2
Education in Sexuality with Persons with Disabilities

2.1 Persons Who are Blind or Visually Impaired

To ask - how can sexually-oriented information, concepts, and attitudes be conveyed to visually handicapped persons? Is to ask--how can any information be conveyed? And how are concepts formed? (Dickman, 1975, p.4)

'T Hooft and Heslinga (1968) point out that the sexual development and the sex education of a blind person are essentially not different from that of the sighted child. However, some special problems arise because of the missing visual faculty, and because some blind children grow up in sexually segregated residential settings.

Much of the sighted child's concept of self and others as male or female comes by way of visual stimuli. In the matter of body structure, the blind child has some idea with regard to his/her own sex, but may be deprived of an understanding of structural differences of the other sex, which a sighted child would probably "pick up" casually in the home, through pictures, T.V., beach scenes, etc. Torbett (1974) points out that for the blind child sounds and smells are useful in gaining understanding, but "the real brunt of awareness is
borne by the sense of touch" (p.211). The importance of touch in relation to education in sexuality is dealt with in different ways in the literature. Lowenfeld (1956) refers to the possibility of using "boy and girl dolls which incorporate the sex characteristics" (p.183). 'T Hooft and Heslinga (1968) recommend the use of teaching models of normal proportions made out of a smooth material, that will make all kinds of secondary sex features clearly discernible by touch. Enis & Cataruzolo (1972), Elliot (1979), and Knappet & Wagner (1976) recommend that blind children be allowed to learn by touch at an early age in a natural setting--in the home, in shower or bedroom--with sibling(s) and/or parents. Guillemet (1977) cites the case of one school where older blind children are invited to assist in bathing kindergarten children, so that they become aware of some "comme soi" and some "differents de soi" (p. 23). Bergström-Walan (1975), in Sweden, made a film in which blind young people receiving sex education were allowed to touch human bodies, a man and a woman who were models, aged 20. In discussing this procedure, Gillman (1976) points out that artifact models represent a reality, but are not that reality; they must be interpreted by the person experiencing them and elaborated into a concept of that reality. The blind
person interprets the material's feel as well as the shape or trait. In fact, Gillman maintains "models are an approximation of reality which may introduce more complications than clarification" (p. 24). He concludes, therefore, that direct examination of the human body is preferable to the use of models, while acceding that education of staff and public may be required before this technique is widely used.

Having dealt with the physiological aspects of sexuality, however, is to have but begun. The awareness of sexual feelings, the opportunity of being with persons of both sexes (at times, in unsupervised settings), the on-going development of self-image, of role identity and of relationships, are of the essence in sexuality education. Again, because of the absence of visual clues, blind young people need to receive verbal or tactile feedback relating to their appearance, their physical development in relation to peers, and their social behaviors. Elliot (1979) describes one program which uses a "total approach" (p. 16), including regular grooming, make-up and fashion classes; dance classes, movement to music, trampoline jumping and fitness tests -- to help students develop grace and coordination; and lectures and counseling on instances of eye conditions which may be genetically linked. Some
individualized counseling is available too.


The former divides the curriculum into five sections: Self identity, physical and emotional growth, human reproduction, interpersonal relationships, and decision making. Within each section, a number of concepts are listed, together with appropriate learning activities for each concept.

In *Sex education and family life curriculum*, eight themes are developed for eleven developmental stages within the school life of students. The themes are:

1. Self-Others
2. Masculine/Feminine
3. Development (maturation and natural growth process)
4. Sexuality
5. Life styles
6. Relationships
(7) Feelings
(8) Medical (role in health care and control of disease)

The questions of masturbation and homosexuality in institutions for the blind are raised, particularly in earlier literature. Cutsforth (1st edition 1933), when speaking of sex-segregated institutions, speaks of "environmental causation" (p. 156) for both of these problems, and recommends a larger heterosexual environment, with a higher degree of freedom and social intercourse between young people of both sexes. In these circumstances, he claims, "sex loses its dangerous specificity and becomes differentiated into a larger and ever-expanding social situation" (p. 160).

2.2 Persons Who are Deaf or Hearing Impaired

Fitz-Gerald & Fitz-Gerald (1979c) point out that the consequences of deafness are a great deal more far-reaching than simply the inability to hear sound. The hearing person is constantly and effortlessly bombarded with speech and language in all their nuances, this very bombardment enabling the hearing person to develop speech and language skills. In turn, acquisition of language ability enables the person to better understand and manipulate the environment and to gain a vast amount of general and personal knowledge.
As demonstrated in the article by Berman, Busby, Hall, Katz & Jauregui (1981), there are different categories of deafness. Congenital deafness is deafness that has occurred from birth, while adventitious deafness begins some time following birth. The adventitiously deaf are further divided into those who become deaf before the development of speech and language—the prelingually deaf, and those who become deaf following the acquisition of speech and language—the postlingually deaf. Particularly for those whose deafness is congenital or prelingual, it will be difficult to learn the basic labels of one's body parts, and far more difficult to come to grips with "such abstract concepts as maleness, femaleness, parenting, relationships, and reproduction" (Fitz-Gerald & Fitz-Gerald, 1979c, p. 9).

Davila (1979) places the responsibility for sex education of the deaf not on any single group or agency; but sees it rather as a shared responsibility between the home, the school and the community. Fitz-Gerald & Fitz-Gerald (1983) see the development of comprehensive sex education programs in the schools for the deaf as of great importance, yet also state:

Schools cannot replace the parents in this role. Schools can never be more than an adjunct to what children learn about sex at home. (1979a, p. 90)
In carrying out sex education for the deaf, highly visual materials need to be supported with simple language. Pictures, films, photographs, role-playing, and experiential situations are important tools in helping hearing impaired/deaf children understand concepts about sexuality. In particular, situational games and role-playing help in developing an understanding of values and life-styles associated with human sexuality.

2.3 Persons Who are Physically Disabled, Whether Congenital or Resulting from Illness or Injury

Within any "category" of human persons, individual differences always exist. Within the category of physical disability in particular are an extremely wide variety of conditions which may be disabling in some way. Included are congenital conditions such as cerebral palsy and spina bifida; conditions resulting from accidents such as loss of limbs, paraplegia or quadriplegia; and other conditions, such as multiple sclerosis, muscular dystrophy, diabetes, kidney dysfunction resulting in dialysis treatment, stroke, heart disease, etc.

Assisting patients in achieving adjustment to disabilities resulting from illness or accident should include--and usually does--assistance to patients, spouses and families in recognizing ways in which sexual activities may or may not be affected by the disability. (Berkman,
1975; Bregman, 1975; Comfort, A., 1978; Eisenberg & Rustad, 1974; Heslinga, 1974) Even when some sexual dysfunction exists, it is important that both partners realize that each is still a sexual person, that they can engage in a variety of sensuous experiences, and through accepting any loss of function and maximizing sexual potential, satisfying relationships can be achieved and/or continued.

Harilyn Rousso (1981), speaking as a woman with cerebral palsy, discusses the "conspiracy" by which societal attitudes, family fears and self-doubts can prevent the young physically disabled person from developing normal curiosity and knowledge about sexuality. In fact this writer has found that whereas a good deal of literature discusses education in sexuality for persons who are mentally retarded, blind or deaf, and sexuality concerns for persons in rehabilitation after suffering physical disability through injury or illness, there is a remarkable silence about the needs of children who are physically disabled from birth in relation to education in sexuality.

2.4 Persons Who are Mentally Retarded

Persons who are mentally retarded have shared with other groups of disabled persons isolation and sexual segregation. In addition, mentally retarded persons have
suffered from society's fears of their lack of responsibility in relation to sexual activities, and eugenic fears concerning their offspring.

It is remarkable, therefore, that considerable progress has been made at least in the literature relating to education in sexuality for mentally retarded persons. Throughout the 70's several courses or guidelines for courses were published, commencing with A Resource Guide in Sex Education for the Mentally Retarded, 1971, prepared jointly by the Sex Information and Education Council of the United States and the American Association for Health, Physical Education and Recreation. The earliest total course was that of Meyers (1972) which has served well in bringing together social and sexual development throughout the school years, from Primary level through Intermediate to Advanced level, commencing with body image and growth patterns, moving through the human reproduction systems to development of personality, sexual feelings and attitudes, and considerations associated with marriage. More recent resources utilize audio-visual means of communication (Kempton, 1979; Walker-Hirsch, 1982), while the program entitled Social-Sexual Education for the Mentally Retarded (1980) situates this education within a religious context.
Relatively new are the programs which address themselves to the mentally retarded adult (Pre-Cana Guidelines, 1978; Andron & Tymchuk, 1982; and Killip, 1982). Three groups whose purpose is the education and support of mentally retarded parents are known to the writer. These are the programs conducted by Andron and Tymchuk in Los Angeles, California (Andron & Tymchuk, 1982); the parenting program at Reuben Lindh Learning Centre, Minneapolis, Minnesota (Kvist, 1983); and the program conducted by S. Stang at Milwaukee Association for Retarded Citizens Centre (personal interview, July 1983). Since these programs for parents are new, it is encouraging to know that a communication system has been initiated among the people working with this population (Miller, 1983).

2.5 Persons Who Are Multiply Disabled

The resources the writer was able to discover in this area were indeed limited, viz, one article defending the right of deaf-blind children to education in sexuality (Fitz-Gerald & Fitz-Gerald, 1978g), and another which describes a teaching program for one visually impaired and mentally retarded adolescent (Smigielski & Steinmann, 1981). The encouraging aspect is that in the latter case, the writers found that it was possible to provide a program adapted to the needs of a child with
both visual impairment and mental retardation. The requirements for presenting such a program were that it "should (1) be concrete, (2) use visual compensators, (3) be done slowly, (4) be done in short blocks of time and (5) be reinforced by significant others" (Smigielski & Steinmann, 1981, p. 240). Both biological and social content were included in the course; opportunities for social learning were provided through teacher-student interaction and role-playing; and re-inforcement from significant others was ensured through involvement of the adolescent's teachers and mother in the program.

Summary
The content of education in sexuality does not markedly change for persons with various types of disability, but the approach necessarily does. The teacher of sex education for the disabled needs to be knowledgeable in education in sexuality as well as in the particular disability/disabilities concerned. In addition—as with education in sexuality for non-disabled persons—optimal benefits will be enjoyed when parents, schools and disabled persons themselves jointly accept responsibility for this crucial area of education and development.
Chapter 3
Education in Sexuality with the Community in General Concerning Persons with Disabilities

3.1 Programs for Education in Sexuality: in Schools, with Parent Groups, and in Parishes
Almost all of the literature stresses the fact that it is only when non-disabled persons feel comfortable with their own sexuality that they are able to give fair consideration to the human sexuality of persons with disabilities. Obviously, all of society—including persons with disabilities—will benefit from everyone having a better understanding of human sexuality. This process has begun to an extent as far as the Catholic population in Australia is concerned through the implementation of sex education programs in schools where the program includes parent involvement. This type of program does not touch the whole community, however; and it may well be time for dioceses and parishes to undertake adult education in the area of sexuality education for those persons not already included in any such programs.

3.2 Programs for Awareness-Raising in Relation to Persons with Disabilities: in Schools, with Parent Groups, and in Parishes
To the writer it seems unlikely that even persons
of the best will are going to be in a position to give realistic consideration to the sexuality of persons with disabilities, unless they actually and personally know some disabled persons, and are thereby enabled to identify the "problem" with the person. In a previously-written paper (Casey, 1982), ways of introducing persons with disabilities to school, parent and parish communities are discussed in detail.

3.3 Programs for Specific Groups: Medical Students, Seminary Students, Teachers, Prospective Teachers, and Parents of Persons with Disabilities

Berkman (1975) and Wallace (1981) deal with the question of education in sexuality for medical students. Not surprisingly, Wallace asserts that "presentations on sexuality and the disabled by persons who themselves are disabled have an importance that transcends the mere presentation of information" (p. 263) -- the importance being in the fact that students are thus confronted with their own preconceptions regarding sexuality and persons with physical/medical conditions, and challenged to alter those preconceptions which are often misconceptions. Berkman (1975) stresses that sex education for physicians involves the three dimensions of: information, attitudes and skills, and Wallace (1981) emphasises the latter two dimensions when he concludes:
...it does little good to package a high level of knowledge into a professional vehicle that can only express itself in ways which are likely to be seen as being counter-therapeutic by increasing numbers of sexual health care consumers who may happen to be physically disabled. (p.263)

As Berkman (1975) reiterates, "Disabled people themselves are claiming their right to realize their potential as sexual human beings. It is up to the professional to support them" (p. 15). It is therefore imperative that the professional be prepared to offer this support.

A similar argument can be used in relation to education of seminary students, teachers and prospective teachers. These professionals whose aim it is to assist in the full development of persons need to be aware—in these days of mainstreaming—of the presence of persons with disabilities in their parishes and schools, and of the need to deal sensitively and productively with these persons, as well as helping non-disabled parish and school members to do likewise.

Almost all of those who have written on sexuality and disabilities have acknowledged that attitudes towards one's sexuality begin to be formed from the very earliest days. Recognition of this places a great deal
of responsibility on parents. As Fitz-Gerald & Fitz-Gerald (1979g) point out, the birth of a disabled child can result in the formation of a "disabled family" (p.3). It is, therefore, important first of all that parents be supported in adjusting to their new disabled child; and, secondly, that they be helped in the total educational venture with their child, including the education in sexuality (Fitz-Gerald & Fitz-Gerald, 1979a). Educators, physicians and all health care personnel, therefore, need to be able to give this support.

Summary

Because all of society is involved in the total human endeavor, if we wish to ameliorate conditions for any one group we need to alert the whole of society to the conditions that need ameliorating, and to provide this awareness in such a manner as to enlist the energies of as many people as possible in achieving the desired end. Thence, specific service groups within the community, as well as the community in general, need to be provided with awareness education in relation to disabled persons and sexuality.
Chapter 4

Some Current Issues in Relation to Persons with Disabilities and Sexuality

4.1 Issues Associated with the Residential Settings of Persons with Disabilities

As early as 1933 (Cutsforth, 1st edition), attention was being drawn to the environmental causation of certain problems associated with sex-segregated institutions. (See 2.1 above) The pendulum has apparently swung completely in the other direction in some instances where certain levels of "liberalization" of attitudes towards sexual activity in institutional settings or group homes raise the question as to whether the dignity of persons is being respected. A middle-way is optimal, of course, where the setting is not only hetero-sexual but also admits of the mingling of both disabled and non-disabled persons (Wolfensberger, 1972).

4.2 The Question of Marriage for Persons with Disabilities

There are, obviously, many persons with disabilities who are married. Many adults who suffer an illness or injury resulting in disability are already married. It is then a question of assisting the total family group in adjusting to the disability.

As has been illustrated in 2.4 above, there are also mentally retarded persons who are married and parenting
children. The response of service personnel in these cases is to provide support to these mentally retarded couples (Kvist, 1983), and also to prepare mentally retarded adults for decisions about both marriage and parenting (Andron & Tymchuk, 1982).

If we take the approach that sexuality education is concerned with development of the person and of the person's ability to develop relationships, then a necessary part of this education will be directed towards an understanding of different life-styles and different types of personal and inter-personal commitment, including marriage. The guidelines offered by McCormick (1981) are relevant here, viz.

In assessing the capacity to marry and advisability of marriage, the following qualities of the couple should be considered by them and by those assisting them to make their decision:
- their consistency and commitment
- their emotional maturity to solve problems
- their level of social awareness
- their freedom to decide to marry
- the respect and devotion to each other
- their autonomy in ordinary living. (pp. 5f.)
4.3 Contraception and Sterilization

In addition to the above guidelines, McCormick (1981) states that the capacity to marry should not always be identified with the capacity to rear children. This, then, raises the issue of contraceptive methods, including sterilization. These can be vexed questions for any members of society today, but have a particularly strong emotional content in relation to mentally retarded persons because of the practice of involuntary sterilizations in the past. Positions on this issue can go all the way from seeing sterilization as essential to the happiness of a particular mentally retarded person (Mills, 1977), to never seeing it as appropriate (Keyserlingk, 1980; Laura & Gazzard, 1980). In general, most professionals advise against involuntary sterilization except in exceptional circumstances (Clarke, 1980; McCormick, 1981).

With regard to other methods of contraception, most writers advise that all people—including disabled people—ensure that fertilization does not result from sexual intercourse or other activities, unless the couple concerned wish to conceive a child and are ready and able to provide for and care for the child (Bass, 1963; Kempton, Bass & Gordon, 1971; Monat, 1982; Treuhaft, 1976).
This differs from the usual interpretation of traditional Catholic teaching; although "traditional Catholic teaching" is not infrequently called into question on this issue today, by pastoral writers. (Ginder, 1975; Kosnik, 1977; McCormick, 1980).

4.4 Other Medical Issues: Amniocentesis, Neonatal Care of the Handicapped Child

Amniocentesis is used in medicine today in order to detect any abnormalities in the fetus. This technique sometimes serves to assist physicians either in treating the fetus, or in being prepared to treat the newborn child. On the other hand, when severe damage to the fetus is detected, the option of abortion opens itself to physicians and parents. This option is linked with the issue of neo-natal care of the severely handicapped child. One's position on this question is likely to be influenced by one's position on abortion and euthanasia in general. However, a distinction is sometimes made between "prolonging life" and "prolonging death". That is, it can be argued that when a fetus or new-born child is almost certain to die, no matter what care is taken, then it is admissible to abort or to withhold care (Hauerwas, 1977; Young, 1980).

Summary

All of the above issues, especially those dealt with
in 3.3 and 3.4 have to do with human life. Whereas society of half a century ago probably tended to have a rather "black/white" approach to this serious issue, it is becoming more generally accepted that there may be admissible exceptions, and that responsibility may at times lie in taking the exceptional path. This, however, does not imply an acceptance of destruction of life, nor a philosophy or practice of looking towards a society devoid of disabilities.
Chapter 5
Concluding Reflection and Recommendations

5.1 Role of the Church Concerning Persons with Disabilities and Human Sexuality

Firstly, the church needs to accept persons with disabilities, to listen to their needs and expectations of it, to dialogue on how--realistically--these needs and expectations may or may not be achieved, and to call disabled persons forth to minister to the church community.

The church should also accept responsibility for fostering the spiritual development of persons with disabilities (as it likewise has this responsibility for all church members), and since development in sexuality is basic to personal, and closely associated with religious, development, pastoral workers will need to cooperate with persons providing education in sexuality so as to be in a position to influence content of the sexuality course and to reinforce what is presented in sex education courses.

At the time when a person suffers disabling effects of illness or injury, it is important that the church presence be available to the person and family members, and that all be positively encouraged to accept their own disability or that of their family member, without
its affecting their ability to demonstrate affection for each other, or to enjoy intimacy.

The pastoral presence of church is also most important at the time of the birth of a child with disabilities. This event can occasion feelings of guilt in the parents, and unless they are helped in working through the grief and guilt involved, it will be most difficult for them to respond positively to their disabled child, which in turn affects the way a child feels about him/herself.

Where the church, or religious groups within the church, have responsibility for special school settings (whether residential or day), the administrators of these settings have a serious responsibility to provide adequately for the total development of the children and adults in these settings, and to include programs in social and sexual development from primary level at school through to adulthood. Both schools and parishes should also continue to assist parents as their sons or daughters move into adolescence, to come to grips with the many contentious questions concerning the sexuality of disabled young persons and the possibility of engaging in sexual activities, and possibly moving towards marriage.
5.2 Recommendations Relating to Further Research, Study and Pastoral Work

A long-standing worker with persons with disabilities has suggested to the writer that a more original research project would consist in considering sexuality and the disabled from a biblical-theological perspective (Aurelio, 1983). The approach suggested is:

I The Plan: God's plan and the divine economy prior to the Fall.

II The Fall of Man: Consequences of original sin.

III Old Testament: Pentateuchal/Levitical prescriptions and proscriptions re sick and disabled.

IV Jesus: the fall of "Tame" (Unclean).

V The Church: laws and practices down the centuries. (p.2)

The writer does not feel sufficiently knowledgeable in the fields of scripture, theology and church history to take up the challenge of this proposal. However, such a study may provide a background from which to make religious and moral decisions concerning sexuality and disabled persons.

Another possible area of research is a survey of all Catholic special schools in the nation, to discover:
- how many schools are providing education in sexuality;
- at what levels are the programs presented;
- what materials or programs are being used;
- what social skills are included in the program;
- any needs that the schools or residential settings have in relation to sexuality programs;
- any ways that help could be provided by national offices such as National Catholic Office for the Deaf and the National Catholic Office for Persons with Disabilities.

The publication of the results of such a survey could alert different schools to possible ways of introducing a sex education course, and provide contacts between schools for mutual support in these efforts.

A useful study could look in detail at curricula and programs available, assessing the appropriateness of various programs for different groups. Only one program written specifically for a religious context is available (Good Shepherd Lutheran Home, 1980). Perhaps preparation of other programs with a religious bias would be a constructive study project.

With regard to pastoral work, the pastor has the responsibility of becoming well-informed both in sexuality and disability so that he is able to welcome persons with disabilities into the community and serve their needs appropriately. Possibly an even more essential
task is to educate non-disabled members of the church community to an awareness and acceptance of disabled church members. Also important is the invitation to persons with disabilities to be active participants and to give service to the community as well as receiving. These goals can be achieved informally to an extent, but--as indicated in 3.1 and 3.2 above--there may be a need for organized awareness-raising and sexuality education programs.

5.3 Conclusion

Throughout the preparation of this paper the writer has had reinforced an already firmly-held conviction, viz, that when we take time to consider what we want to call "special needs of minority groups", we actually come into closer contact with our own reality, and we become more convinced than ever that no matter what minority group(s) are being considered, we are all--minorities and majorities--much more alike than we are different. Persons with disabilities are beginning to claim their sexual rights. Perhaps an outcome of this will be that we are all 'forced' to bring our own sexual feelings and attitudes more into the sphere of consciousness, leaving behind a good deal of sexual guilt, oppression and fear. If this could be so, then we have to thank once more our so wrongly entitled "disabled" brothers and sisters who
continue to teach us by their innovative responses to difficulties and their sheer persistence in the face of--
all too frequently--de-humanizing situations and treatment.

May we show our thanks and acknowledge our indebtedness to these teachers!
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